

Utah State Division of Substance Abuse and Mental Health

Public Community Mental Health Services - Overview and Outcomes FY2003

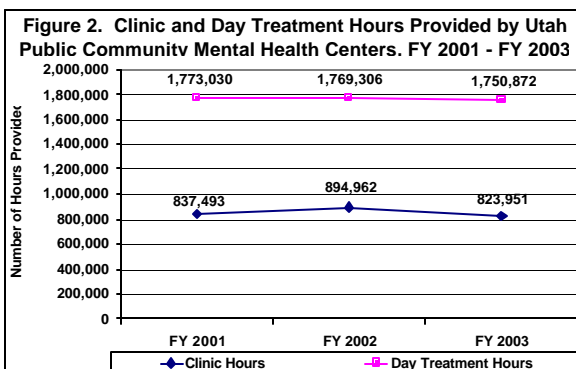
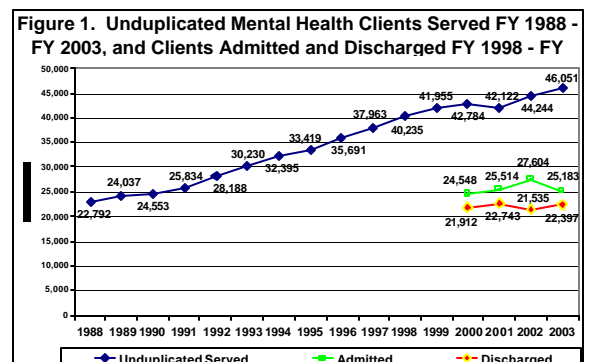
Prevalence: How Common Are Mental Illnesses?

- One out of five Americans is affected annually by diagnosable mental disorders.
- 5.4% of adults nationwide have Serious Mental Illness or mental disorders that interfere with social functioning.
- 2.6% of adults nationwide have Severe and Persistent Mental Illness (SPMI) with diagnoses of schizophrenia, bipolar disorder, other severe depression, panic disorder or obsessive-compulsive disorder.
- Five to 9% of American children and adolescents ages 9 to 17 have Serious Emotional Disturbance (SED) with severe functional limitations.
- Mental illness is a brain disease.

Statistics on Mental Health (U.S. Surgeon General's Report 1999)

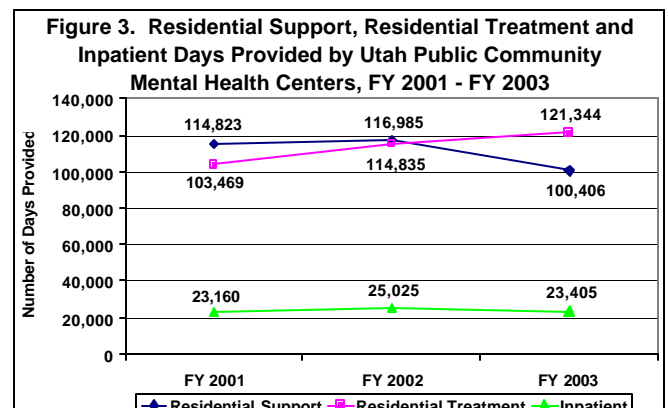
- Mental illnesses, including suicide, account for 15.4% of the disease burden in established market economies. Major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder, panic disorder, and post-traumatic stress disorder are among the leading causes of disability worldwide.
- Only cardiovascular conditions create a higher burden of disease (18.6%). The impact of mental illness is higher than all cancers (15.0%), all respiratory conditions (4.8%), and other conditions and diseases analyzed and reported by the World Health Organization.
- Mental health clients have a greater risk of dying, as well as dying at younger ages, than the general population.
- The *average death age* for public mental health clients in Utah was 58 years in 1999.
- The *average years of life lost* per mental health client in Utah was 27 years in 1999.

Clients Served - Comprehensive public mental health services were provided to 46,051 clients during FY2003 at the eleven Utah public Community Mental Health Centers serving Utah's 29 counties. This is a 202 percent increase during the past 15 years, and a 14 percent increase in the past five years (Figure 1). About 69 percent were adults, and 31 percent were children or youth 17 years of age or less. Fifty-five percent of adult clients were female, and 58 percent of children and youth clients were male.



Services Provided - Almost 2.6 million hours of clinic and day treatment were provided to clients of the public mental health system during FY 2003. Provided hours decreased slightly since FY 2001 as shown in Figure 2. Clinical services include individual, family and group therapy; evaluation and testing; and medication, crisis and case management.

Over 245 thousand days of residential support, residential treatment and inpatient care were provided during the past fiscal year (Figure 3). Both residential support and residential treatment provide supervised, 24-hour overnight care. Residential support emphasizes assistance in meeting daily needs, while residential treatment includes treatment to assist the client in avoiding hospitalization or in transitioning back from hospitalization. Residential support days decreased 14.4 thousand days since FY 2001, while residential treatment days increased by 17.9 thousand days. There was a net increase of 245 inpatient days requiring 24-hour care in a licensed hospital.



Services for Seriously Mentally Ill Clients - Seriously Mentally Ill (SMI) clients received the majority of services from Utah's public Community Mental Health Centers during FY 2003 (Figure 4). This is in accordance with the mission of the public mental health system in the state. Fifty-four percent of clients were SMI. These clients include adults with Serious and Persistent Mental Illness (SPMI) and children and youth with Serious Emotional Disturbance (SED). SMI clients received from 64 to 89 percent of the hours and days of service shown earlier, especially residential support days and day treatment hours.

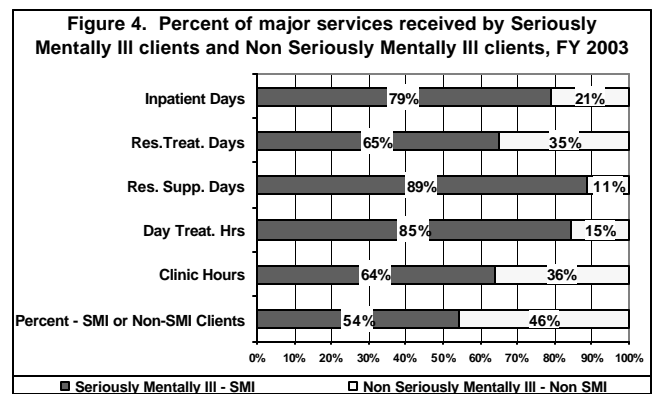
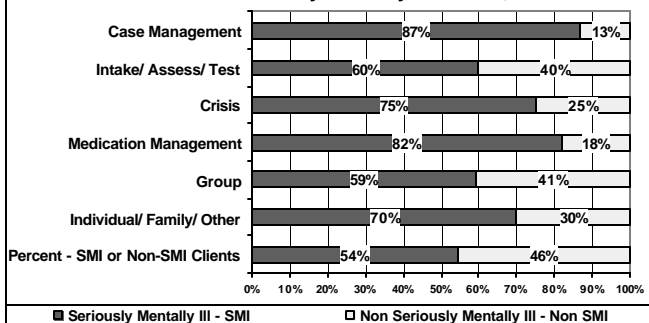


Figure 5. Percent of clinic hours received by Seriously Mentally Ill clients and Non Seriously Mentally Ill clients, FY 2003



In addition, during the year SMI clients received the majority of clinical service hours, especially during case and medication management (Figure 5). Three quarters of crisis treatment/ intervention was provide to SMI clients.

Children's Mental Health Services

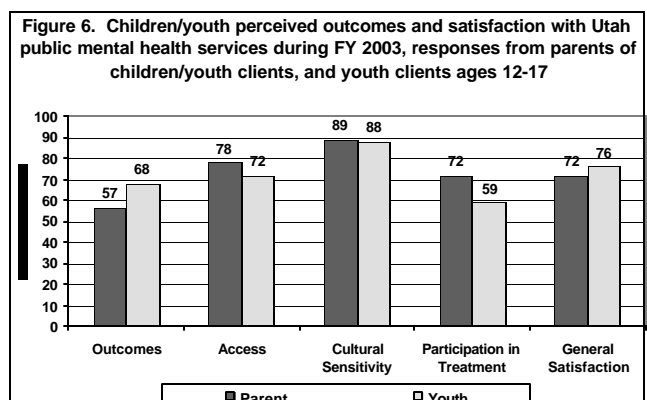
The Children's Mental Health Program adopted recommendations from the *President's New Freedom Commission on Mental Health*, which emphasizes early detection, prevention, recovery, and access to effective treatment and supports. The program embraces a System of Care philosophy that is child and family centered, community-based, strength-based, collaborative, cost effective, culturally competent, and outcome driven.

Project RECONNECT - Project RECONNECT is a federally funded project to assist youth with emotional or behavioral concerns between the ages of 14-21 to successfully transition to adulthood and to achieve full potential in life. The objective will be achieved by conducting strategic planning, mobilizing and coordinating community resources, designing and implementing a service model that is comprehensive in addressing issues of employment, education, housing, and independent living skills. There is collaboration between project personnel for RECONNECT and the Governor's "Transition to Adult Living" initiative.



Perceived Outcomes and Satisfaction of Children and Youth Clients - Perceived outcomes and satisfaction are determined using the nationally developed Youth Services Survey (YSS) from the Mental Health Statistics Improvement Program. Responses are collected at intake and about two months later from parents of children and youth, and from youth 12-17 years of age. Respondents are asked to rate their level of agreement with 25 statements. Questions fall into the domains of outcomes, access, cultural sensitivity, participation in treatment, and general satisfaction. The latter domain also includes several questions on quality and appropriateness. An average positive score is calculated for each domain using the statements related to that domain.

Figure 6 summarizes FY 2003 results for the five domains for parents and youth. Parents had higher agreement than youth in the satisfaction domains of access, cultural sensitivity, and participation in treatment. Parents and youth were most satisfied with cultural sensitivity of CMHC staff members. Around three quarter of parents and youth were generally satisfied with services overall and access to services. Parents were more satisfied with their participation in treatment than the youth respondents. With perceived outcomes for the children and youth, parents are less satisfied than youth respondents with an 11 percent difference. Other states using this same instrument also found agreement to be 10 to 15 percent lower on the outcomes domain than other domains.

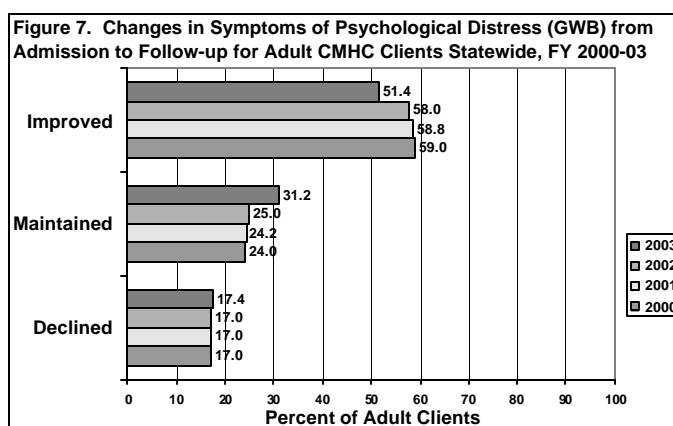


Adult Mental Health Services

The Adult Mental Health Program adopted recommendations from the *Surgeon General's Report* and the *President's New Freedom Commission on Mental Health* for evidence based practices and has built consensus statewide with the Assertive Community Outreach Treatment (ACOT) Model. The program embraces recovery and is a comprehensive wraparound service model for people with the most serious mental illness. Expected outcomes include decreased hospital use, increased independent living and housing stability, reduced psychiatric symptoms, and improved quality of life.

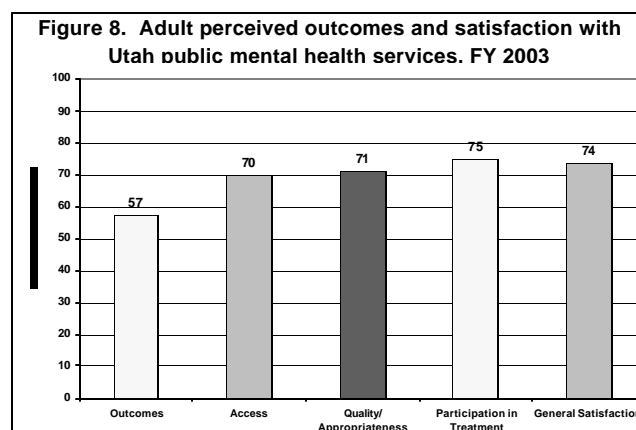
Measured Outcome (Symptom Reduction) in Adult Clients - Measured outcomes are calculated using the Positive Mental Health Index, a 10-item scale from the General Well Being Schedule (GWB). Adult clients use the scale to describe the seriousness or intensity of psychological symptoms or difficulties they experience. They complete the scale at admission and a second time about two to three months later or when treatment has been concluded, whichever occurs first. Analyses review changes in scores that occurred between the initial assessment and the follow-up administration. A positive outcome ("improved") is considered to have occurred when the magnitude of change or difference in scores represents a significant clinical change in the positive direction. Likewise, a negative outcome ("declined") is considered to have occurred when the magnitude of change or differences in scores represents a significant clinical change in a negative direction. Cases in which the magnitude of change does not meet either of these criteria are considered to have been "maintained".

Figure 7 shows that the majority of clients in all centers experienced clinically significant improvement. However, the percent "Improved" dropped to 51 percent in FY 2003. The percents of clients who maintained the "Same" statistically increased about the same percent in FY 2003 as the "Improved" dropped. About 17 percent of adult clients became worse during all four years. The Division is researching the cause of the drop in the percent "Improved" and the statistical significance of this change.



Perceived Outcomes and Satisfaction of Adult Clients - Perceived outcomes and satisfaction are determined using responses to the nationally developed Adult Consumer Survey from the Mental Health Statistics Improvement Program (MHSIP). Surveys were sent to adult clients to determine their level of agreement or disagreement with 28 statements about their mental health services and the Community Mental Health Centers. The MHSIP survey statements were divided into the five domains, and an average positive score was calculated for each domain using the statements related to that domain.

Figure 8 summarizes the FY 2003 responses of adult clients statewide in the five domain areas of the MHSIP survey. Around three-quarters of the responding adult clients were generally satisfied with services received and participation in treatment planning. Seventy-one percent were positive about the quality/appropriateness of services, and 70 percent were positive about access to services. Positive feelings about perceived outcomes or treatment effectiveness were expressed by 57 percent of adult respondents. This Utah finding is not unique. In other states using the same MHSIP statements and reporting results, average positive responses were 10 to 15 percent lower for the outcomes domain than for other domains. Perceived outcomes include improvements in symptoms, functioning, housing, employment, and family and social interaction.



Dollars and Sense

- Average expenditure per person was \$2,831 in FY 2003.
- Budget cuts decrease funds available to serve clients.
- In 1990 (latest year for which data are available), *direct* costs for mental disorders in the U.S. totaled to \$69 billion (U.S. Surgeon General Report, 1999).
- *Indirect* costs of mental illness in the U.S. totaled to \$79 billion in 1990. Most of that amount was due to loss of productivity due to illness (\$63 billion), early death (\$12 billion), and incarceration and time of individuals providing family care (\$4 billion).
- For schizophrenia alone, total indirect costs in the U.S. were almost \$15 billion.

Emerging Trends

- More than ever before the field of mental health is adopting evidenced-based practices to guide programs and clinical decisions.
- Budget restrictions over the past three years have reduced the ability of the public mental health system to respond to needs, particularly for those not on Medicaid or who are uninsured.
- Recent changes in the way rates are reimbursed for the pre-paid mental health plan (capitation) will result in significant reductions in revenue, further impacting those who are indigent or uninsured.

Contacts

Randall Bachman, Director
rbachman@utah.gov

Mary Lou Emerson, Assistant Director
Prevention and Children's Clinical Services
memerson@utah.gov

Steven Chen, Assistant Director
Treatment and Adult Clinical Services
schen@utah.gov

Division of Substance Abuse and Mental Health
120 North 200 West, Room 209
Salt Lake City, Utah 84103

Phone: 801-538-3939
Fax: 801-538-9892

Ming Wang, Program Manager
Children's Services and Director of Project RECONNECT
mwang@utah.gov

Kathleen Smart, Program Manager
Children's Services
ksmart@utah.gov

Robert Snarr, Program Manager
Adult Services
rsnarr@utah.gov

Jane Lewis, Program Manager
Transitional Youth and Project RECONNECT
jhlewis@utah.gov